Application or Docket Number

| Effective October 1, 2004                                                |                                                |                                  |                   |                               |                     |                  |           |                     |                        |           |                     |                        |
|--------------------------------------------------------------------------|------------------------------------------------|----------------------------------|-------------------|-------------------------------|---------------------|------------------|-----------|---------------------|------------------------|-----------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |                                                |                                  |                   |                               |                     |                  |           | SMALL E             | YTITY                  | OR        | OTHER<br>SMALL      |                        |
| TC                                                                       | TAL CLAIMS                                     |                                  |                   |                               |                     |                  |           | RATE                | FEE                    |           | RATE                | FEE                    |
| FO                                                                       | R .                                            |                                  | NUMBER FILED NUMB |                               | ER EXTRA            |                  | BASIC FEE | J 4.                | OR                     | BASIC FEE | 9500                |                        |
| то                                                                       | TAL CHARGEA                                    | BLE CLAIMS                       | 2 minus 20= *     |                               |                     | •                | X\$ 9=    |                     | OR                     | X\$18=    |                     |                        |
| IND                                                                      | EPENDENT CL                                    | AIMS                             | 2 minus 3 =       |                               |                     | <del></del> ;    |           | X44=                |                        | OR        | X8 <b>6</b> =       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                         |                                                |                                  |                   |                               |                     |                  | - 150=    |                     | OR                     | +380/=    |                     |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                |                                  |                   |                               |                     |                  |           | TOTAL               |                        | OR        | TOTAL               | 950°                   |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |                                                |                                  |                   |                               |                     |                  |           | SMALL               | ENTITY                 | OR        | OTHER<br>SMALL      |                        |
| AMENDMENT A                                                              |                                                | CLAIMS REMAINING AFTER AMENDMENT |                   | HIGH<br>NUMI<br>PREVIO        | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA |           | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
| OME                                                                      | Total                                          | . 2                              | Minus             | -2                            |                     | - \              | }         | XS 9=               |                        | OR        | XS18=               |                        |
| MEN                                                                      | Independent                                    | . 2                              | Minus             | ***                           | 3                   | - /              |           | X43=                |                        | OR        | X86≃                | X                      |
| ٧                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                   |                               |                     |                  | J         | +145=               |                        | OR        | +290=               | 7                      |
| ٠                                                                        |                                                | . •                              |                   | · .                           |                     |                  | -         | TOTAL<br>ADDIT. FEE |                        |           | TOTAL<br>ADDIT. FEE | 0                      |
|                                                                          |                                                | (Column 1)                       |                   | (Colur                        |                     | (Column 3)       | _         |                     |                        |           |                     |                        |
| AMENDMENT B                                                              |                                                | CLAIMS REMAINING AFTER AMENDMENT |                   | HIGH<br>NUM<br>PREVIO<br>PAID | BER                 | PRESENT EXTRA    |           | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
| DME                                                                      | Total                                          | •                                | Minus             | **                            |                     | =                |           | XS 9=               | •                      | OR        | X\$18=              |                        |
| MEN                                                                      | Incependent                                    | •                                | Minus             | ***                           |                     | =                | ]         | X43=                |                        | OR        | X86=                | •                      |
| ٩                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                   |                               |                     |                  |           | +145=               |                        | OR        | +290=               | •                      |
|                                                                          |                                                |                                  |                   |                               |                     |                  | . 1       | TOTAL               | . ,                    |           | TOTAL<br>ADDIT, FEE | •                      |
| (Column 1) (Column 2) (Column 3)                                         |                                                |                                  |                   |                               |                     |                  |           | ADDIT. FEE          |                        | •         | AUUII. FEE          | ,                      |
|                                                                          |                                                | (Column 1)<br>CLAIMS             | 1                 | HIGH                          | EST                 |                  | ו [       |                     | ADDI-                  |           |                     | ADDI-                  |
| Ö                                                                        | ,                                              | REMAINING                        |                   | NUM<br>PREVIO                 |                     | PRESENT          | 1         | RATE ·              | TIONAL                 |           | RATE                | TIONAL                 |

| ENT C     |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·     | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |  |  |  |  |  |
|-----------|------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|--|--|--|--|--|
| AMENOMENT | Total                                          | •                                         | Minus | **                                          | <b>=</b>         |  |  |  |  |  |
| MEN       | Independent                                    | •                                         | Minus | ***                                         | -                |  |  |  |  |  |
| ₹         | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |       |                                             |                  |  |  |  |  |  |

" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.